

# Attachment 3

## Office of Administration

### Commissioner's Office

#### Reimbursement Request for Other Services

Program: Alternatives to Abortion

Contractor: Laclede County Pregnancy Support Center

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 11-09-2015

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
3-17-17	Fix struts & axle shaft gaskets	748.40	[REDACTED] needs her car for work, doctors appointments and her daughter's school activities. There is no local funding available.
	Replace both fuel pumps	1030.60	
Amt to be reimbursed		1856.94	

Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@aa.mo.gov](mailto:emily.kraft@aa.mo.gov) by the Contractor only.

Authorized person requesting purchase: Angail Chison  
 Purchase Is Approved ☒ Denied ☐ A2A Signature Emily Kraft Date 3/21/17  
 Reason for denying purchase: \_\_\_\_\_



525 S. Washington  
P.O. Box 373  
Lebanon, MO 65536

## Pregnancy Support Center

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### *Fax Transmittal Form*

To: OA

FROM

Attn: Emily Kraft

Abigail Chisom, Assistant Director

Phone number:

Phone number: 417-532-8555

Fax number: 573-751-1212

Fax number: 417-532-8152

Email: Abigail@psc-lebanon.org

Date sent: 3/20/2017

Time sent: 3:45 pm

Number of pages including cover page: 2

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### Message:

Emily, I appreciate your concern concerning the expediency of fixing [REDACTED] car. I had her get this quote from the dealer as they are usually a little my cooperative. The dealer (who gave this estimate) says the first repair shop never should have replaced just one fuel pump as it has caused a line to collapse. I can have her go back to the first repair shop and talk to them. We would be happy to get the struts and axle gaskets fixed.

Thanks,  
Abigail Chisom

P. UU.

FAA 30.417 532 8152

Pregnancy Center

3/20/2017 17:30 PM

1. UU4

PAA NO. 417 332 6132

Pregnancy Center

MAR/13/2017 WED 06:32 AM

STATE OF MISSOURI  
**CERTIFICATE OF TITLE**  
ORIGINAL

BARCODES

OWNER: [REDACTED]

DATE OF SALE: 09/30/2016

PAID: 10/22/2016

VEHICLE SUBJECT TO FOLLOWING LIEN(S):

FIRST LIEN: [REDACTED] LIEN DATE: [REDACTED]

SECOND LIEN: [REDACTED] LIEN DATE: [REDACTED]

BUYER ON REVERSE SIDE MUST TITLE IN 30 DAYS TO AVOID PENALTY.

EXEMPT FROM MILEAGE REQUIREMENTS EFFECTIVE 1/1/04 YOU MUST SUBMIT A NOTICE OF SALE TO THE DEPARTMENT OF REVENUE WITHIN 30 DAYS OF SELLING THIS VEHICLE.

ACTING DIRECTOR OF REVENUE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

MUST BE COMPLETED AT TIME OF SALE NOTICE OF SALE OR TRANSFER SEE INSTRUCTIONS ON REVERSE

PURCHASER NAME - LAST FIRST (REQUIRED) (PRINTED)			PURCHASER SIGNATURE (REQUIRED)	
ADDRESS (REQUIRED)			DRIVER LICENSE NUMBER OF PURCHASER	DATE OF BIRTH OF PURCHASER
CITY (REQUIRED)			SALE DATE (REQUIRED)	
STATE (REQ)	ZIP CODE (REQUIRED)	COUNTY	NET PRICE (REQUIRED)	
			\$	
KOD [REDACTED]				
SELLER NAME AND SIGNATURE (REQUIRED)			DEALER NUMBER	

SELLER MUST SUBMIT TO DEPARTMENT OF REVENUE. SEE REVERSE SIDE. DOR-5040A (03/2015)

**RAM***Graven*

Chrysler - Dodge - Jeep - Ram

P.O. Box 549 • 1755 West Elm • Lebanon, MO 65536

**CHRYSLER****DODGE****Jeep®**

Phone: (417) 532-3157

Fax: (417) 532-3568

F. 003

FVA NO. 417 032 0102

Pregnancy Center

WWW/107/NOU 00.7C AM

[Redacted]		DATE 03/10/17
[Redacted]		TITLE :
[Redacted]		QUICK :
[Redacted]		LEVI

(1) FUEL CLICKS OFF WHEN FILLING  
NEEDS BOTH FUEL PUMPS REPLACED

Labor	57	387.60
5101805AC (MODULE ) 1		289.00
68028056AB (MODULE ) 1		354.00
Total Labor		387.60
Total Parts		643.00
Total Repair (Customer )		1030.60

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(2) CREEKING NOISE AND THUMP NOISE WHEN BRAKES  
ARE APPLIED,  
NEEDS STRUTS REPLACED AND AXLE SHAFT GASKETS  
INSTALLED

Labor	50	340.00
4809863AB (GASKET ) 2		8.40
182130L (STRUT ) 2		400.00
Total Labor		340.00
Total Parts		408.40
Total Repair (Customer )		748.40

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**Quote**

03/10/2017 4:10 PM

Quote is valid for 90 days.

**DISCLAIMER OF WARRANTIES**  
Any warranties on the product sold hereby are those made by the manufacturer. We as Graven hereby expressly disclaims all warranties either expressed or implied, including any implied warranty of merchantability as to the use for a particular purpose, and neither Graven nor its authorized employees are responsible for any liability in connection with the sale of our products. Any liability disclaimer herein does not apply to any express warranty law.

X \_\_\_\_\_  
CUSTOMER SIGNATURE

Page 1 of 2

**Service Quote**

W/C	WT	CUSTOMER
.00	.00	Labor 727.60
.00	.00	Parts 1051.40
.00	.00	Sublet .00
.00	.00	Shp Supplies .00
.00	.00	Oil/Grease .00
.00	.00	Sub Total 1779.00
.00	.00	Tax 77.94
.00	.00	Total 1856.94

TOTAL PRICE \$1856.94